

Iowa Department of Public Health

✓ The Check-Up

An update on issues and ideas related to health reform in Iowa

The Check-Up is a monthly health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

Electronic Health Information Advisory Council



Iowa e-Health, in collaboration with the University of Iowa Public Policy Center, is currently conducting several health information technology (health IT) assessments, including home health, laboratory, long-term care,

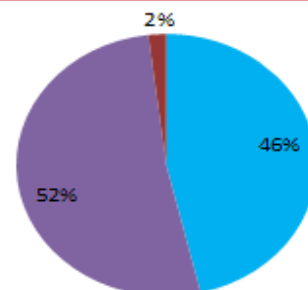
pharmacy, and radiology providers. The assessments will help us determine “where we are today” in the use and exchange of electronic health information, and will be used to monitor progress as the statewide health information exchange (HIE) develops.

Earlier this year, Iowa e-Health conducted an assessment of provider practices and clinics in Iowa. To the right are some interesting findings from that assessment:

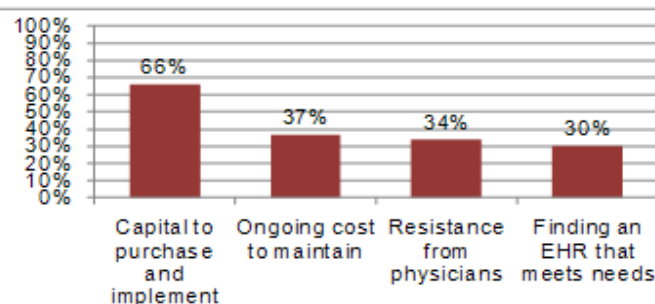
Next Meeting: August 6th 8:30am – 12:30pm at the Hoover State Office Building

Use of electronic health records (EHRs)

- An electronic health record (EHR)
- Paper medical records/charts
- Computer-based system (scanning)



Barriers to health IT Adoption



*Based on Iowa e-Health's 2010 Ambulatory Practices/Clinics Assessment

July 2010

Websites

Advisory Councils

[Electronic Health Information](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Governor's Council on Physical Fitness and Nutrition](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOLST\)](#)

Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Legislative Health Care Coverage Commission](#)

Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#). Their issue brief on “Chronic Disease Management” is available [here](#). The issue brief on “Disease Registries” is now finalized and is available [here](#). It was developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council. The next issue briefs produced by the PCCM Advisory Council will be on “Prevention” and the “Community Utility” concept.

Ed Wagner, who developed the [Chronic Care Model](#), will be receiving the University of Iowa College of Public Health’s Hansen Award. A conference will be held on **October 27th** in Iowa City to present Ed Wagner with this award. The PCCM Council staff is assisting in the planning of this event. The conference is titled “Addressing Chronic Diseases in Iowa”.

- The [Chronic Disease Management Subgroup](#) is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA is creating a report for the Council summarizing the results of the focus groups. At their last meeting, the subgroup discussed the necessary components of the diabetes care coordination plan. These components include: diabetic consensus guidelines, care gap analysis, disease registry, and integrated mental health.
- The [Prevention Subgroup](#) is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. At the last meeting, the subgroup met with the IDPH Data Integration Team to discuss the current data that is available in Iowa.

The Federal Patient Protection and Affordable Care Act includes a number of provisions directed toward prevention and chronic care management initiatives:

- A *National Prevention, Health Promotion and Public Health Council* was created provide coordination and leadership at the federal level among agencies related to prevention and health promotion practices in the Public Health system.
- A *Prevention and Public Health Fund* was established to provide an expanded and sustained national support for public health and prevention programs directed toward activities to prevent and control chronic diseases. It will be funded at \$7 billion from 2010 through 2015, and \$2 billion for each fiscal year after 2015.
- It allows insurers to create incentives for health promotion and disease prevention practices through significant premium discounts and encourages employers to provide wellness programs and provide premium discounts for employees who participate in these programs.
- It requires chain restaurants and food sold from vending machines to disclose the nutritional content of each item.
- It appropriates \$25 million for the childhood obesity demonstration project, which was established through the Children’s Health Insurance Program Reauthorization Act (CHIPRA).

Minutes from the last PCCM Council meeting held on Thursday, June 24th are available [here](#).

Next Meetings: August 27th 10:00 - 3:00 at the Urbandale Public Library
October 27th 3:00 – 4:30 at the Marriot in Coraville
(following the conference)

Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #2 is now finalized and is available [here](#). Progress Report #1 is available [here](#). Minutes from the last MHSAC meeting held on Wednesday, June 30th are available [here](#).

The Council continues to collaborate with Medicaid in the development the [IowaCare Medical Home Model](#), established in [SF 2356](#). The expansion will phase in FQHCs to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. Initially, the FQHC's will be required to meet a set of medical home minimum standards.

IDPH is working on drafting and adopting rules for certification. The Council voted that Iowa will use NCQA as the method to certify medical homes.

[Medical Home for Iowa Children and Youth](#) was a large focus of the June 30th Council meeting. Based on HF 2539, the first population Iowa will target to spread the PCMH is children enrolled in Medicaid. Iowa is looking at a phased in approach with two tiers- one for well-child care that is based on best practices for providing care for children and youth and one for children and youth with special health care needs that will focus on asthma and Mental Health/ADHD. Certification for all medical homes for children and youth will be through NCQA and achieved through use of the National Center for Medical Home Implementation's [medical home toolkit](#).

After lengthy discussions, Iowa has decided not to apply for the CMS demonstration project. However, a Multipayer Collaborative Workgroup has been formed with key payors and provider to move forward in developing a multipayer pilot project in Iowa.

Under the Federal Patient Protection and Affordable Care Act, there is an option that Iowa is looking into to get a state match through a [State Plan Amendment](#). It is Title XIX of the Social Security Act- "State Option to Provide Health Homes for Enrollees with Chronic Conditions". This starts January 1st, 2011 and is for implementing health homes for people with chronic conditions. There is a 90% match for medical home payments in the first 2 years. After that, it goes back to the normal reimbursement rate of 65%. The language mentions that payment methodologies can be tiered and are not limited to per member per month. States will need to coordinate with SAMSA for providing mental health services.

The language defines that chronic conditions shall include but are not limited to:

- A mental health condition
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI over 25.

The services to be provided by the health home are:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services
- Use of health information technology to link services, as feasible and appropriate.

Next Meeting: September 8th 10:00-2:00 at the West Des Moines Public Library

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

It has been a very active month with regard to Health and Long-Term Care Access activities. Per the first goal in the Phase 1 2010 Strategic Plan, staff have drafted language to codify the Iowa Health Workforce Center. This will be submitted to the 2011 General Assembly in anticipation of the department submitting legislative language.

In mid-June, several grant opportunities were released by the federal government as a result of the Affordable Care Act. The grants were available to various eligible applicants. These opportunities were formatted into a table and e-mailed to stakeholders. Deadlines for most were July 19, 2010 while others had deadlines soon after that. The following grants were included:

- HRSA-10-284: Affordable Care Act State Health Care Workforce Development Planning Grants
- HRSA-10-285: Affordable Care Act State Health Care Workforce Development Implementation Grants
- HRSA-10-288: Affordable Care Act Personal and Home Care Aide State Training (PHCAST) Program
- HRSA-10-273 Affordable Care Act (ACA) Nursing Assistant and Home Health Aide (NAHHA) Program
- HHS-2010-ACF-OFA-FX-0126: Health Profession Opportunity Grants to Serve TANF Recipients & Other Low-Income Individuals
- HRSA-10-281: Advanced Nursing Education Expansion (ANEE)
- HRSA-10-282: Affordable Care Act Nurse Managed Health Clinics (NMHC)
- HRSA-10-277: Affordable Care Act Primary Care Residency Expansion (PCRE) Program
- HRSA-10-278: Affordable Care Act Expansion of Physician Assistant Training Program (EPAT)

IDPH collaborated with Iowa Workforce Development on an application from the Iowa Workforce Development Board under opportunity HRSA-10-284. IDPH submitted an application under opportunity HRSA-10-288 (see below). Plans are formulating regarding an application under HHS-2010-ACF-OFA-FX-0126. IDPH has heard from a number of sources that they would not be applying due to the short turn-around required in order to submit an application.

Next Meeting: August 26th 10:30 – 3:00 at the Urbandale Public Library

Direct Care Worker Advisory Council

The Council is hard at work addressing the requirements of the 2010 Legislature, which are:

- Develop an estimate of the size of the direct care workforce.
- Identify the information management system needs required to facilitate credentialing and estimate the cost for development and maintenance.
- Report on the results of a pilot.
- Report on activities for outreach and education.
- Recommend composition of the board of direct care workers and the elements of its work and credentials it will oversee.

The Council has outlined priority goals and activities for the fiscal year addressing four areas – governance, curriculum, workforce data, and outreach. The work will primarily be done by committees, which are comprised of Council members and outside stakeholders and experts. The following committees have formed and are addressing the stated goals:

Governance

- Recommend Board composition
- Recommend Board responsibilities and authority
- Identify categories of DCWs to be credentialed and type of credential
- Recommend process for grandfathering
- Establish timeline for credentialing

Curriculum

- Finalize core curriculum
- Develop standard curriculum for health emphasis
- Develop competencies for disability emphasis
- Coordinate with Governance Committee on unique credential elements for health and disability
- Seek input from stakeholders on curriculum/competencies developed

Workforce Data

- Identify workforce data currently collected, entities collecting data, and gaps in existing data
- Recommend improved method to collect data to address gaps
- Estimate the size of workforce

Outreach

- Finalize outreach plan
- Develop messages and materials for outreach
- Support implementation of initial outreach activities

IDPH submitted an application for federal funding on July 19th to develop the competencies and curriculum for direct care workers, pilot the training, develop the credentialing system, and evaluation the outcomes (HRSA-10-288). This application was in partnership with the Council and stakeholders and in collaboration with a Community Colleges federal funding request for many of the same activities. Iowa is well-positioned to be able to develop a national model for training and credentialing. Federal funding would allow the Council to implement its recommendations and pilot proposed activities. We are excited about these opportunities and hope to hear soon if we are awarded. Meetings of the Council are held the second Thursday of every month.

Next Meeting: August 12th 10:00 – 3:00 at the Urbandale Public Library

Iowa Health Reform Prevention & Wellness Initiatives

Iowans Fit for Life is an initiative funded through the Centers for Disease Control and Prevention Nutrition and Physical Activity grant. Dr. Tom Frieden, the director of CDC, often speaks of focusing on “winnable battles” that can make the biggest difference for the communities we serve! These “winnable battles” include physical activity and nutrition and the prevention of obesity – the focus of the Iowans Fit for Life. The work of Iowans Fit for Life is guided by a collaborative partnership and 7 work groups. The Iowans Fit for Life Partnership released Iowa’s Comprehensive Nutrition and Physical Activity Plan in 2006. Recently, the Revised Statewide Comprehensive Plan for Nutrition and Physical Activity was unveiled after a year-long participatory process. The Governor’s Council on Physical Fitness and Nutrition will assist IDPH in developing a strategy for implementation of the statewide comprehensive plan, as directed by HF2539. Click [here](#) to view a copy of the revised plan.

The strategies listed in Iowa’s Comprehensive Nutrition and Physical Activity Plan revision are aligned with strategies in the Centers for Disease Control and Prevention’s [Recommended Community Strategies and Measurements to Prevent Obesity in the United States](#). Click [here](#) to view a copy of the corresponding Implementation and Measurement Guide.

Iowa Healthy Communities Initiative

The 2010-11 & 2011 Iowa Healthy Communities Initiative Grant Program (Community Wellness Grants), made possible by a blend of federal and state funding (HF2539), are required to submit one policy-related action plan. CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide is a resource available for development of the Community Wellness Grant policy-related action plan.

Are you looking for additional ways to make your community healthier? The Iowans Fit for Life Community Work Group developed the resource, Low-cost Ways to Make Your Communities Healthier. To view, click [here](#).

Governor’s Council on Physical Fitness & Nutrition Meetings:
July 29th 10:30 – 2:30 at UNI Wellness & Recreation Center, Cedar Falls
September 16th location TBD



Small Business Qualified Wellness Program Tax Credit Plan

Click [here](#) for a copy of the plan. The Iowans Fit for Life Worksite Wellness Workgroup will soon release a small business worksite wellness toolkit as part of a separate, but supportive, project.

Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The final report of the Patient Autonomy in Health Care Decisions Pilot Project is available [here](#)

The IPOST Pilot Project in Cedar Rapids continues successfully. This past year’s legislation directed the project to do outreach into a rural area and Jones County has committed to becoming that rural outreach site and developing their own rural “pilot”. Meetings between the pilot leaders and the outreach champions have begun. An informational meeting for the Jones Regional Medical Center medical staff was held on July 14th. The outreach project planning will now begin with identification of key stakeholders and development of their coalition. Training will begin in October with implementation scheduled for November. There is much to be done between now and November, but the champions are pumped – stay tuned for updates on this extraordinary effort.

Legislative Health Care Coverage Commission

The Legislative Health Care Coverage Commission was created by 2009 Iowa Acts, Chapter 118, §1 ([SF 389](#)) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found [here](#).

Four workgroups were created to focus on particular aspects of health care coverage. The passage of the Federal Patient Protection and Affordable Care Act has changed the charges of these workgroups to reflect the Commission's new role in assuring that national health reform is implemented in Iowa in an efficient, high-quality, and practical way. The workgroups include:

- [Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool](#) will focus on reviewing, analyzing, recommending, and prioritizing options to provide health care coverage to uninsured and underinsured adults. The Workgroup will concentrate on the expansion of the IowaCare program as specified in SF 2356; how to prepare the state for Medicaid expansion set to take place in 2014; and how to maximize the effectiveness of the existing (state) and new (federal) high risk pools in providing care to uninsurable individuals between 2010 and 2014.
- [Workgroup II- Value-based Health Care](#) will focus on how to create opportunities for the most cost-effective use of health care resources throughout Iowa in both the publicly and privately purchased health care.
- [Workgroup III- Insurance Information Exchange](#) will work with the Iowa Insurance Commissioner on the development of the new Insurance Information Exchange.
- [Workgroup IV- Wellness](#) intends to take testimony from 20-30 organizations from both within and outside the state to discuss cutting edge cost-control efforts, including how to design incentives to change behavior for clients that will bend the curve on health care costs.

Next Meeting: November location TBD

General Health Care Reform News in Iowa

HHS awarded Iowa \$500,000, and an additional \$389,743 once the needs assessment is submitted, for a grant to support evidence-based **home visiting programs** that aim to improve health outcomes among children and families by allowing nurses, social workers, or other professionals to assess "at-risk" home environments and connect families with valuable resources, such as: health care, developmental and early education services; parenting and child abuse prevention strategies; and nutrition assistance programs. The additional funding will fill gaps and enhance the wellbeing of families with young children.

"This initiative will give children a healthier start and give parents the help they need to succeed in the most important job in the world – parenting. This effort builds on impressive research findings and is one more piece of our strategy to invest in prevention and early interventions that pay off." - HHS Secretary Kathleen Sebelius

The full text of the press release is available [here](#).